

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038212

STATE FILE NUMBER

Registration District No. 317

Primary Registration District No. 545

Registrar's No. 276

DO NOT WRITE
ON THIS STUB

AMENDED

FILED SEP 23 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
1 4004			
2 4004			
3			
4 0			
5 1			
6			
7 2			
8 2			
9 1163X			
10			
11			
12 90-0			
13			
USE BLACK INK OR TYPEWRITER RIBBON	SHOULD READ	BY AFFIDAVIT OF	

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MAPLEWOOD		c. CITY OR TOWN MAPLEWOOD	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7401 LOHMEYER		d. STREET ADDRESS (If outside, give location) 7401 LOHMEYER	
3. NAME OF DECEASED (Type or print) First SANDOR Middle BAKAI Last BAKAI		4. DATE OF DEATH SEPT 3 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH FEB 16 1924
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WELDER		10b. KIND OF BUSINESS OR INDUSTRY SMITH & DAVIS Co	
11. BIRTHPLACE (City and state or country) YUGOSLAVIA		12. CITIZEN OF WHAT COUNTRY ?? ??	
13a. FATHER'S NAME VINCE BAKAI		13b. MOTHER'S MAIDEN NAME FRANZESKA BORCOK	
14. NAME OF HUSBAND OR WIFE KATHERINE BAKAI		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT KATHERINE BAKAI 7401 LOHMEYER	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma metastatic to brain Carcinoma of lung left Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from April 13, 1963 to death and last saw him alive on August 31, 1963 Death occurred at 1:56 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Joseph C. Ingvar, M.D.		22b. ADDRESS 3284 Ivanhoe Ave. S.L. 39	
22c. DATE SIGNED 9.5.63		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE SEPT 7, 1963		23c. NAME OF CEMETERY OR CREMATORY S-S. PETER & PAUL	
23d. LOCATION (City, town, or county) ST. LOUIS Co. Mo		24. FUNERAL DIRECTOR Thomas Kutis 2906 Gravois	
25. DATE RECD. BY LOCAL REG. 9-5-63		26. REGISTRAR'S SIGNATURE John B. Murphy M.D.	

(Licensed Embalmer's Statement on Reverse Side)

0-22
 Mr. J. W. W. W.
 3284 Broadway
 M15-2502
 19/10/1919
 comply
 Taylor over
 Long Stone

or by _____ Student Embalmer No. _____

Student _____

Signed

~~Licensed Embalmer No~~

P. O. Address

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.